ever it is in its absolute nature, it is something that renders the pulmonary nervous system unduly irritable and impres-
sible.

This morbid sensitiveness of the pulmonary nervous system was not to be due, in a large number of cases, to something that has organically damaged it, something that has damaged that surface to which its perceptive portion is distributed; for I think it will be found that in the majority of those cases in which the excitants of the attacks are stimuli admitted into the air passages, the original cause of the disease has been organically affecting the bronchial mucous membrane—cysternal bronchitis, &c.; there are a few cases in which the infective element of the disease has become irritants, often intense and prolonged, and in two instances specific; and it is probable that some organic although inapplicable change has in those in producing a morbid excitation of its sensibility to which the tendency to spasms is immediately due, according to that law of the organisation of the bronchial tubes to which I have referred in a paper on the "Absolute Nature of Asthma," in the Medical-Chirurgical Review for July 1858. At any rate, in those cases in which the tendency to asthma is manifestly dependent on organic bronchial disease (as in asthma accompanying chronic bronchitis), the provoking of the paroxysms are preeminently stimuli applied to the bronchial surface—smoke, fog, cold, etc. If then this is so, the converse is probably true— if in asthma depending on organic bronchial disease the excitants of the attacks also applied to the bronchial surface, then, in those cases where the excitants of the attacks are stimuli applied to the bronchial surface, the asthma probably depends on organic bronchial disease.

But is it probable that there is some organic peculiarity in the lungs of all asthmatic patients? Certainly not. In a large number of cases there is not the slightest warrant for entertaining such a view. Take, for example, cases of hay asthma such as the following—A gentleman who has never suffered from any lung affection, and who is at the time in perfect health, is suddenly seized with difficulty of breathing, which proves to be spasmodic asthma, in consequence of extreme alarm from thinking that he has been poisoned by mistake. His lungs were perfectly sound; there was no history of any pulmonary affections in his case; and he never smoked tobacco nor was exposed under any circumstances preceding to such before or since. Moreover, the exciting cause was one not appealing to the lungs, but to the nervous system. In hay asthma, too, there is generally no history of previous lung disease; but it is a disease that is common in the hay season, and the lungs give the most positive evidence of their anatomical and physiological soundness.

What, then, is the cause of the asthma in these cases? I do not know that I can say anything definite about the cause, but it consists in the asthmatic tendency itself; in that special irritability of the pulmonary nervous system (as in the case of hay asthma), or that general irritability of the whole nervous system, which is excited in emotional asthma, (i.e., which constitutes the asthmatic idiosyncrasy with which the individual was born.

That in some cases a congenital asthmatic tendency does exist is strongly implied, I think we may say positively proved, by the undisputed hereditariness of the disease; in some families asthma is as much the disease as gout is in others. I have lately had under my care a gentleman whose father, paternal grandmother, and two paternal uncles, as well as himself, were sufferers from asthma, and there is no doubt what is inherited must be congenital—inborn.

But, is any congenital peculiarity necessary? No; there appears to be no reason that a person may not become asth-
matic, that is, be subject to the disease may not be acquired, indeed, evidence as positive as can be imagined for believing that it may, that an asthmatic may at one time have differed in no respect from others, and that the tendency to asthma may have been crafted on him by something that has happened to him. For example, the case of asthma as a sequel of measles, which I instance just now. It is not conceivable that all the children whom this disease, or whooping-cough leaves asthmatic, had any antecedent peculiarity. In no respect do they seem to differ from other cases, except that the disease from which the asthma dates has generally been of unusual severity.

It would appear, then, that in respect to causation, all cases of asthma may be broadly divided into two groups:

1. Cases in which the essential cause of the disease—that which constitutes the individual an asthmatic—is some organic lesion, possibly not appreciable, either in the bronchial tubes, or in some part physiologically connected with the bronchial tubes.

2. Cases in which any organic lesion is not only inappre-
ciable, but non-existent; in which the tendency to asthma is due to something from within, not from without; in which the essential cause of the disease is a congenital, and possibly inherited, idiosyncrasy.

I steer, therefore, a middle course between those who say that asthma always has at the root of it some organic disease within the chest, and those who deny that genuine spasmodic asthma ever depends on organic lung disease, and maintain that it is always a pure neurosis. I think I have shown, on the one hand, that there are numberless cases in which the supposition of any organic cause would be purely gratuitous, and in direct contrast with the majority of all clinical evidence, and pathological reasoning; and on the other, that we have every reason for believing that many cases, of the pure spasmodic variety, do really depend on some organic, though inappreciable injury that previous disease has inflicted on the lungs.

CROTON OIL AS A COUNTERIRRITANT IN HYDROPHALUS.

By John Watson, M.D., Southampton.

It has been my lot on several occasions to witness the success of application of this remedy to the scalf, after the setting in of most formidable symptoms. The case which first led me to use it may be outlined.

C. B., aged 2 years, a strumous-looking child, came under my notice for eczema of the scalp. The eruption, which was general and attended with copious discharge, got well under ordinary treatment. A few weeks afterwards, he had an attack of acute hydrophalus. Leeching, cold lotions to the shaved head, calomel, and antimony, etc., were immediately resorted to, but unavailingly; for the second stage of the disease came on. He now lay semi-comatose, with the neck extended, the eyes half-closed, and the pupils dilated. The pulse also had become slow and irregular, the respiration frequently interrupted with a sigh, and he was strabismous occasionally. A diagnosis was made of acute hydrophalus.

Thinking it possible for his present attack to be connected with the previous condition of the scalp, as a means of best imitating the eczamatous eruption, the croton oil suggested itself. With the sanction of the gentleman who was attending me, I directed the croton oil liniment (croton oil, half a drachm; turpentine liniment, half an ounce) to be rubbed over the entire head every four hours till a plentiful crop of pastiles should cause the antimony; after which we saw an amelioration of all the symptoms, and he gradually became convalescent, though he was unable to speak for several days, and could not stand alone for a considerable period.

It is now several years since the occurrence of the case, which made a deep impression upon me; for I did not re-
member to have seen a recovery under such unfavourable circumstances. In the same stage of the disease, whatever may have been its assumed cause, have recovered the
same course, and, as far as individual experience goes, bear testimony to its efficiency. It is not so objectionable to the little patient’s friends as a blister, and is at the same time more manageable; and, from the extent of surface to which it is applied, decidedly more powerfully revulsive.

REMOVAL OF RINGS FROM SWOLLEN FINGERS.

By E. GARRAWAY, Esq., Faversham.

The following method of removing a ring from a swollen finger, I have reason to believe, is not so generally known as it deserves. Whence I derived the idea is out of my remembrance; but the claim of its origin certainly does not rest with me.

A patient, in whom I have just had recourse to it, was suffering from acute rheumatism. The fingers were swollen; and the wedding-ring and its keeper had become imbedded, causing no little pain, and considerable alarm at the prospect of having the rings filed or broken off. The mode of proceeding is this. A reel of cotton is wound evenly around the extremity of the finger and bringing each coil into close apposition with the preceding, until the ring is reached. A needle is then threaded with the cotton, and passed under the thread and through the protuberance of the ring and swollen knuckle, or an entanglement will occur in the unwinding. A small curved needle will pass more readily under the ring than a straight one. The process requires time, care, faith, and patience; but the reward is ample in the gratitude of the suffering patient, the signet of whose marriage bond has been saved from destruction.

Transactions of Branches.

SOUTH-WESTERN BRANCH.

PRESIDENT’S ADDRESS.

By C. RADCLIFFE HALL, M.D., Torquay.

[Delivered June 23rd, 1859.]

GENTLEMEN,—My first duty is the very pleasing one of giving you a hearty welcome, on the part of myself and my medical brethren of Torquay, and of assuring you how highly I esteem the honour of being allowed to open this meeting of our professional brethren. The position which I am permitted to allude to is Torquay, from which I now speak, has, as far as I know, not been the subject of any of the historical associations in which Exeter and Plymouth are rich, as pre-eminently a health-town its youth is a great advantage. Free from all the disqualifications of age, it has grown up into its present size within the very recent period during which alone sanitary considerations, on a large scale, have been deemed worthy of formal attention. Its principal attractions of situation, climate, and beauty, are, of course, as old as the hills over which its buildings spread; but its urban advantages are only just completed. Torquay ought now to be the model town of England, as regards sanitary arrangements. I am not sure that it is not so. Fresh air, pure water, effective drainage, all in abundance, constitute almost all which public bodies can do to render their town healthy. Looking at the geography and general aspect of Torquay, a stranger would suppose it impossible for it to be otherwise than well drained by nature. But man has great power to thwart the beneficence of nature; and when cholera visited this place in 1849, it pointed out accurately, as with a black line, where the drainage was imperfect. Under the government of our Local Board of Health, which, through good report and evil report, has proved of immense service to the town, all this is now rectified.

Effective drainage is impossible without an ample supply of water. From the very nature of the country and the topography of the immediate neighbourhood, it has been necessary to obtain it from a distance of fourteen miles, on the margin of Dartmoor, at a cost to the town of between £40,000 and £50,000. This water is very pure, having trickled merely through the granite of Dartmoor; and, whether from the disintegration of the granite having given to it some minute portion of alkali, or from some other cause, it is found to be actually softer than the rain-water collected here. Herefore we have been enabled by a variety of Swansea would be a place a resort for patients who suffer from chronic affections of the kidneys, because, however useful in such disorders it may be to reside in a mild climate, which promotes the action of the skin; but for this important purpose the climate is not what we desire; and our spring water is very hard. Like water of this kind elsewhere, it is bright, clear, and sparkling; pleasant to the taste, and, possibly for its virtue without its vices, I hold it a worth a want of time: certainly not without its chemical potency out of the body; for, but for its presence, we must have suffered from lead-poisoning on a large scale. I suppose every house that has a pump is supplied with soft water; yet we never see any instance of lead poisoning from this cause, either slight or severe. And this is not because the water does not set upon the lead, since we find that the pipes are coated on their interior, and eventually, in places, eaten through in a worm-eaten fashion. Yet reagents show no trace of lead in the water. Evidently the water forms an insoluble compound with the lead, which is precipitated in the shape of carbonate and hydrated oxide. Exempting water so impure, or else contaminated with drainages, as to contain alkaline nitrates and chlorides in solution, as a general rule we know that the purer and softer the water, the more dangerous for lead; and, consequently, if the immunity we have had to this poison as a matter of course, be taken for granted to apply to the new water. As this, however, requires a new and distinct service, and the custom is to use iron pipes for it, the question will not be brought to the test by the public as yet. I have sometimes set aside free of charge for the external employment of water, whether fresh or sea, perhaps the finest baths in the kingdom. Erected at a cost of nearly £10,000, these excellent baths—as I think the quiet splendour of this season, in which, by the liberality of the directors, sitting, will testify—reflect great credit on the public spirit of those private individuals who have thus deserved so well of their town.

Of the winter climate of Torquay, it is unnecessary to say one word; but respecting its summer climate, a passing remark may not be misplaced. Mr. Vivian has proved beyond any question that figures substantiate the coolness of our summer climate. Yet no one believes him,—excepting those only who have stayed at Torquay during the summer. The air is always a soft air, but never an over hot air; you do not find your lap-its or your mouth dry. Of course, the disturbances of the sun in this climate are appreciable; but on the hills, or in open places, in summer the air is soft and fresh, "I know nothing about the mildness of Torquay in the winter, because I have never been here in the winter," said a gentleman to me. But I know this is that it is the coolest place in England in the summer! And, to a certain extent, it ought to be. Being almost a peninsula, the same modifying influence of the sea which causes its climate with coolness, must render it cool in summer. The sea, being a worse conductor of heat than the land, cools less in winter, and heats less in summer; and accordingly, the sea-breezes warm the air over the neighbouring coast in winter, and cool the air in summer. Moreover, the adjoining land being thus cooled down by the sea air every night in summer, cannot accumulate heat during the persistence of hot dry weather as it does in inland places.

Having adverted to our obligations to a study of the subject of meteorology, I cannot resist referring to his recent work in editing, at the cost of no considerable labour, Mr. Eneury’s Vexeren Researches, in which the geologist will find the most interesting inquiries into the subterraneous features of Torquay, the remarkable geology of which has been the subject of many communications, and the subject of which is Torquay. Mr. Eneury has recorded in his Torbay Researches the geological history of the town.

Torquay possesses three medical institutions. The Torbay Infirmary and Dispensary, which does all that the most admirable institution of this kind can, has a staff of three physicians, three surgeons, a hospital and surgical dispensary, and the officers of this institution have here, as elsewhere, the privilege of bestowing their constant charity in deeds of active exertion for the benefit of the sick and needy—a kind of charity, which in actual benefit so far transcends the more giving of